

FORM H

**DISINFECTION INFORMATION- MORE THAN ONE DISINFECTANT/SAMPLING SITE
FOR FILTERED SYSTEMS - MONTHLY REPORT TO DEP**

Month _____ Town _____ PWS Name _____
Year _____ System/Treatment Plant _____
PWSID _____

Date	(CTcalc/CT99.9) (from Form B) Disinfectant Sequence					6 t h	SUM(CTcalc/CT99.9) ¹	SUM(CTcalc/CT99.9<1) ² (Yes or No)
	1st	2nd	3rd	4th	5th			
1								
2								
3								
4								
5								
6								
7								
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31								
						Prepared by: _____		
						Title: _____		
						Date: _____		

NOTES:

1. To determine SUM (CTcalc/CT99.9), add (CTcalc/CT99.9) values from the first disinfectant sequence to the last.
2. If SUM (CTcalc/CT99.9) <1, a treatment technique violation has occurred, and a "yes" response must be entered.

RETURN TO DEP/DWP REGIONAL OFFICE WITHIN 10 DAYS AFTER THE REPORTING MONTH